

57476

## CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number 015-006148

<b>GENERATOR</b> (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility	
② Name <u>ALUMINUM COMPANY OF AMERICA</u> <u>VERNON WORKS</u>		Name <u>OPERATING INDUSTRIES</u>		Name <u>BKK CO.</u>	
EPA NO. <u>CAD074126681</u>		EPA NO. <u>CAD080012024</u>		EPA NO. <u>CAD067786749</u>	
Address <u>5151 ALCOA AVE.</u> Phone No. <u>588-6141</u>		Address <u>900 N. POTRERO GRANDE DR.</u>		Address <u>2210 AZUSA AVENUE</u>	
City, State, Zip <u>VERNON, CA 90058</u>		City, State, Zip <u>MONTEREY PARK, CA</u>		City, State, Zip <u>WEST COVINA, CA</u>	

SFUND RECORDS CTR  
999001004

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: <u>1</u>
WASTE			<u>5000</u>	<u>GAL</u>	TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY <u>XX #7</u>		⑦ EX. HAZ. WASTE PERMIT NO. _____		⑧ GENERATING PROCESS <u>ALUMINUM FABRICATION</u>			
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. <u>WATER</u>	<u>99</u>			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. <u>SLUDGE</u>	<u>2</u>			<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.			<input type="checkbox"/> % <input type="checkbox"/> ppm.
⑩ WASTE PROPERTIES: pH <u>7</u>		<input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen		Non Hazardous Material <u>100</u> %			
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <u>ALUMINUM OXIDES &amp; WATER</u>							
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____							

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL  
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802⑬ Ruby R. [Signature]  
Signature of Authorized Agent and TitleDate Shipped 3/30/83

<b>TRANSPORTER</b> (HAULER MUST COMPLETE)		⑮ PICK-UP DATE <u>3-30-83</u>	
⑭ NAME <u>ASBURY OIL CO.</u>		TIME <u>1:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
EPA NO. <u>CAD028277036</u>		⑯ <u>Jim Williams Driver</u> Signature of Authorized Agent and Title	
ADDRESS <u>13419 Halldale Avenue</u> PHONE NO. <u>(213) 321-1392</u>		Date <u>3-30-83</u>	
CITY, STATE, ZIP <u>Gardena, California 90249</u>			

<b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)		⑰ HANDLING OR DISPOSAL METHOD:	
⑰ NAME <u>Chenoweth Twp Inc</u> QUANTITY (If Measured) _____		<input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill	
EPA NO. <u>CAD080012024</u> 19 STATE FEE (If Any) _____		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
PHONE NO. _____		<input type="checkbox"/> Treatment (Specify) _____	
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____			
㉑ NAME _____		⑳ <u>[Signature]</u> Signature of Authorized Agent and Title	
EPA NO. _____		Date Accepted <u>3-30-83</u>	

ORIGINAL